



# **Electronic Certificate**

Owner:	Charlotte Pollet
Document Number:	HQ-AVA-2300046
Document Name:	AAV Guidelines pocket guide: Publication of new EULAR guidelines
Country:	Headquarter
Product:	Avacopan
Material Intent:	Non-Promotional
Туре:	Cross-Functional Material
Subtype:	Leave Piece
Classification:	
Objective:	Provide a handed pocket-guide to medical community members on the publication of updated EULAR guidelines for treating AAV.

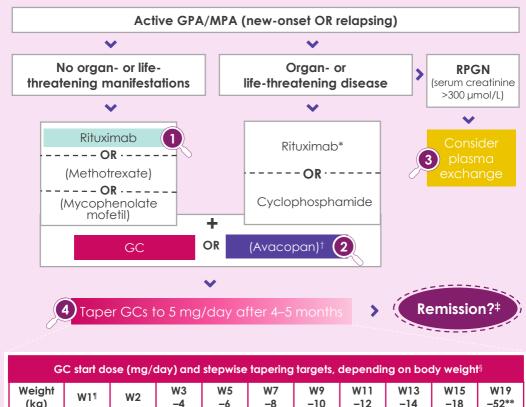
### **Certification Statement**

We certify that the final electronic form of this material is in accordance with the regulations set forth by the health authority for the country of this document, and is a fair and truthful presentation of the facts about the product.

Role	Signature			
Achim Obergfell - Approval (aobergfell@viforpharma.com)	Meaning: As the Medical Signatory, I approve this document for use. Date: 17-Apr-2023 07:18:19 GMT+0000			

# EULAR recommendations for the management of AAV: 2022 update

## **REMISSION INDUCTION IN GPA/MPA<sup>1</sup>**



Weight (kg)	W1¶	W2	W3 -4	W5 -6	W7 -8	W9 -10	W11 -12	W13 -14	W15 -18	W19 -52**
<50	50	25	20	15	12.5	10	7.5	6	5	5
50–75	60	30	25	20	15	12.5	10	7.5		
>75	75	40	30	25	20	15	12.5	10	7.5	

#### **KEY CHANGES FOR 2022**

Recommendation for rituximab use irrespective of disease manifestations



Recommendation for use of **plasma exchange** limited to **RPGN** 

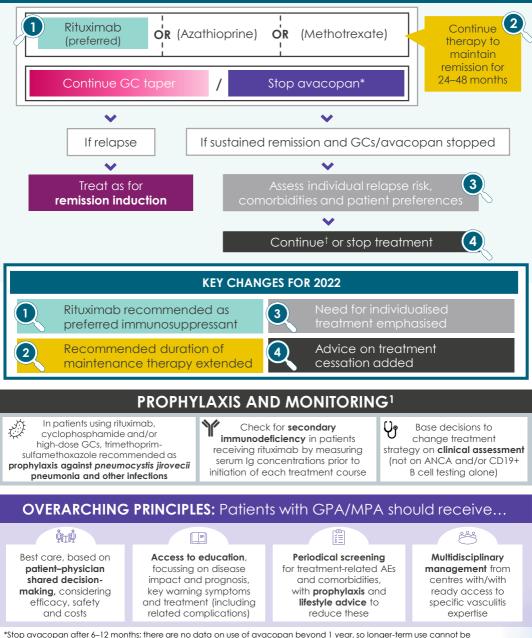
Option to use **avacopan** as part of a strategy **to reduce GC exposure** 

Clear guidance on **GC start** dose and tapering provided

\*Rituximab preferred in relapsing disease. <sup>1</sup>As part of a strategy to substantially reduce GC exposure. <sup>1</sup>If remission not achieved, consult an expert centre; if remission achieved, proceed to maintenance phase. <sup>§</sup>For patients on rituximab or cyclophosphamide induction regimens; based on PEXIVAS scheme. <sup>¶</sup>Use of intravenous methylprednisolone at a cumulative dose of 1–3 g on days 1–3 can be considered in patients with severely active disease; lowering the starting dose to 0.5 mg/kg/day can be considered in individual patients without organ-threatening or life-threatening manifestations. \*\*Individual tapering recommended after 52 weeks. GC doses are provided as prednisolone equivalent. Always refer to the product prescribing information for approved indications. AAV, ANCA-associated vasculitis; ANCA, antineutrophil cytoplasmic antibody; EULAR, European League Against Rheumatism; GC, glucocorticoid; GPA, granulomatosis with polyangilitis; MPA, microscopic polyangilitis; RPGN, rapidly progressive glomerulonephritis. 1. Hellmich B et al. Ann Rheum Dis 2023. doi:10.1136/ard-2022-223764 (Epub ahead of print). Veeva reference: HQ-AVA-2300046

## EULAR recommendations for the management of AAV: 2022 update





recommended. †Longer duration of treatment should be balanced against patient preferences and risks of continuing immunosuppression. Always refer to the product summary of product characteristics for approved indications before prescribing. AAV, ANCA-associated vasculitis; AE, adverse event; ANCA, antineutrophil cytoplasmic antibody; EULAR, European League Against Rheumatism; GC, glucocorticoid; GPA, granulomatosis with polyangiitis; Ig, immunoglobulin; MPA, microscopic polyangiitis. 1. Hellmich B et al. Ann Rheum Dis 2023. doi:10.1136/ard-2022-223764 (Epub ahead of print).